DOCUMENT RESUME

ED 116 391 EC 080 772

TITLE	Procedures for Implementing Chapter 89, Laws of 1973 in the Merrill Area Public Schools.
INSTITUTION	Merrill Area Public Schools, Wis.
PUB DATE	74
NOTE	24p.
EDRS PRICE	MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS	Elementary Secondary Education; Equal Education; Exceptional Child Education; *Handicapped Children; *Identification; Individualized Instruction; *Interdisciplinary Approach; Public Schools; Records (Forms); *Referral; State Legislation; *Student Evaluation
IDENTIFIERS	*Wisconsin (Merrill)

ABSTRACT

Reported are procedures used in a Wisconsin public school system to implement 1973 state legislation mandating education of all handicapped children and stipulating that a handicapped child should be educated according to his individual needs. Included are a description of the multidisciplinary team approach and an outline of screening, referral, assessment, staffing, and evaluation procedures. The second half of the document consists of sample forms for such purposes as referral, screening, multidisciplinary team assignments, and obtaining parent approval. (LS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED116391

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PROCEDURES FOR IMPLEMENTING

CHAPTER 89, LAWS OF 1973

IN THE

MERRILL AREA PUBLIC SCHOOLS

Spring 1974

EC080772

LEGAL BASIS FOR THE PROGRAM AND SERVICES

A legal basis for the education of all children and adolescents with a handicapping condition is provided in the Wisconsin Constitution and specific Wisconsin Statutes.

Chapter 89 of the Laws of 1973 is intended to formulate a comprehensive legislative and public policy for the education of handicapped children or children with exceptional educational needs. Several basic tenets underlie this chapter:

- The concept that all handicapped children must be educated. This shifts Wisconsin's legislation for the provision of special education from permissive to mandatory.

- A handicapped child should be educated according to his individual educational needs. A handicapped child with exceptional educational needs means "any child who has a mental, physical, emotional, or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education:

  (a) Physical, crippling or orthopedic disability.
  (b) Mental retardation or other developmental disabilities.
  (c) Hearing impairment.
  (d) Visual disability.
  (e) Speech or language disability.
  (f) Emotional disturbance.
  (g) Learning disability.
  (h) Pregnancy, including up to 2 months after the birth of the child or other termination of the pregnancy.
  (i) Any combination of conditions named by the state superintendent or enumerated in pars. (a) to (h)."

AN OVERVIEW OF ORGANIZATIONAL PROCEDURES

The organizational procedures of screening, referral, assessment, placement and evaluation are necessary aspects of the Special Education Program. They provide an orderly guideline for increasing the probability of delivery of service to the direct target, the child, and the indirect targets of family, school, and community.

The screening, referral, assessment, placement, and evaluation procedures used in the program for the education of handicapped children or children with exceptional educational needs will be implemented in a manner which is consistent with program policy. They will:

1) Recognize and utilize a multidisciplinary team approach;

2) Recognize that special and regular education are inseparable and complementary services;

3) Recognize the need for continuous communication between special education teachers providing service, regular classroom teachers who will provide service, and parents of student's being served;

4) Recognize the need for a special education program which is more similar than dissimilar to a regular education program;

5) Recognize the need for documentation of procedures which provide educational alternatives.

MULTIDISCIPLINARY TEAM (MDT)

The multidisciplinary team shall be appointed by the school board and composed of two or more persons who are skilled in assessing exceptional educational needs that a child may have and who are skilled in programming such children. The number and specialties of the team may depend on the exceptional educational needs which the particular child may have. Members of the team may include special education personnel, regular classroom teacher(s), special education supervisors, principal, school psychologist, speech therapist, counselors, and other specialists as appropriate. Personnel other than public school employees are utilized as consultants. Two members must be Merrill Area Public School employees. The specific implementation details are delegated by the Board of Education to the Director of Special Education, Frank Roskos, who is responsible to the Superintendent of Schools, Roger G. Lowney. It will be the responsibility of the Junior and Senior High School principals to ascertain the members of the MDT at the secondary level and the Elementary principals and Coordinator at the elementary level to assign the members of the MDT as appropriate

for the evaluation of respective exceptional educational needs in cooperation with and under the supervision of the Director of Special Education.

Throughout the MDT process a continuous program of parent communication is maintained.

SCREENING, REFERRAL, ASSESSMENT, STAFFING AND EVALUATION PROCEDURES

In implementing the program's screening, referral, assessment, placement, and evaluation procedures, decisions must be made and actions initiated. The primary multiple paths are: 1) the decision to provide service in a regular education setting with support services, 2) the decision to place the student in regular education with special education support, and 3) the decision to place the student in special education with regular education support implemented or temporarily delayed. The selection of either alternative does not restrain later selection of one of the remaining alternatives. Any one of the alternatives may be appropriate at a given time, but its appropriateness is dependent upon the needs of the student.

In this school district, screening is a formal procedure. All pre-kindergarten children are screened by a group process involving several specific readiness areas such as: 1) ABC Inventory, 2) Language Development, 3) Motor Development, 4) Auditory Perception, 5) Concept Development, and 6) Visual Perception. (Screening for children already enrolled or new students is done by utilizing the SRA Achievement Test during the third week of school, and review of past records at all levels as well as individual interviews.) Generally, it is performed by the regular classroom teacher or other school personnel. It is not a procedure which classifies or evaluates nor does it describe the cause of behavior. Screening attempts to identify students who are not performing well in a particular setting. They may not be meeting the expectations of the regular classroom teacher, family, and/or community, and a teacher or other significant individual accepts responsibility for stating that a problem appears to exist. Classroom teachers and guidance personnel are responsible for submitting a screening report on all new enrollees. All screening related to children with exceptional educational needs is done under the supervision of the Director of Special Education.

Following the formal or informal screening procedure is the referral procedure. All children identified through screening and outside referrals are assigned to the Referral Process Committee. This procedure may be initiated by, but not limited to:

1) Parents who wish their child evaluated;

2) Teachers, administrators, school psychologist, counselors, or other school personnel suspecting a handicapping condition;

3) Individuals representing community organizations such as, the Lincoln County Health Care Center, Social Services, or other agencies;

4) Individuals dealing professionally with the child, such as, physician, pastor, clinical psychologist, psychiatrist, or others.

5) Upon parental approval, referrals to the MDT from the private section are honored.

I. Referrals are to be made to the principal of the school in which the student is in attendance. Prior to the principal authorizing a formal referral, the following procedures should have occurred:

A. A conference with the principal and other involved staff should have been held to discuss the student's problem;

B. As a result of the conference a decision to refer the student should have occurred;

C. The parent must have been informed of the decision to refer by phone and/or letter with indication from whom the referral was initiated/date.

D. The referral form should have been completed and signed by the individual initiating the referral and the principal and submitted to the Central Office -- Director of Special Education.

E. Referrals will be submitted to the Director of Special Education and will be reviewed by the Director and one instructional staff member in the suspected area of exceptionality plus additional appropriately involved staff.

II. Assessment Procedure

Assessment of a student for a formal staffing will occur as a result of the suspicion of an exceptional educational need and when the student's parents have given written approval for assessment of their child (See Assessment Approval form). The assessment will be performed by a multidisciplinary team. This team will gather information and data in different skill areas and from various sources. Suggested areas are:

A. History

1. Classroom teacher and school principal may provide a description of the student's school performance (i.e. academic and social-emotional behaviors).

2. Counselors may provide information from school records and

any up-to-date information regarding the student's home behavior, school behavior, and academic performance.

3. The school nurse may provide a pertinent health history.

4. A social worker may provide a social history of the child's background and home life.

5. A parent description of the child's behavior at home will be solicited.

B. Medical Information

1. The family physician or pediatrician may perform a physical examination if needed.

2. If suggested by the physician or indicated by test results, a neurological examination may be performed.

3. Additional vision and/or hearing examinations may be available from appropriate medical sources if they are indicated by earlier examinations.

C. Education Evaluation

1. Individual achievement tests may be given by a special teacher, teachers, and/or licensed school psychologist.

2. Diagnostic tests and inventories in basic skill areas (i.e. reading, math, spelling, and writing) may be given by a special teacher or teachers.

3. The Illinois Test of Psycholinguistic Abilities may be given by a speech therapist and/or special teacher.

4. Further evaluation by a speech therapist may occur when warranted.

5. Parent perception of the student's school performance, both academically and socially, may be secured by the school psychologist and/or teacher.

D. Psychological Evaluation

1. Tests and techniques utilized by a certified school psychologist to further assist in the evaluation of the student will be utilized when appropriate.

III. Informal Staffing (No exceptional needs indicated)

If a decision is made to refer or provide the student appropriate services in a regular education setting with support services available (i.e., consultant teacher, social worker, school psychologist, nurse, or others), the following sequence occurs:

A. Assessment of the student is made without involvement of the multidisciplinary team; communication channels with parents are established as necessary;

B. A program is designed for the student within the regular education setting;

C. The program is implemented to precipitate the desired change or changes in the student;

D. The student's program is evaluated in terms of established goals and objectives; a non-successful program is revised and maintained within the regular educational setting with supportive services or a decision to refer occurs.

IV. Formal Staffing (Exceptional needs indicated)

If the decision to refer the student is made to the MDT as an alternative to placement in regular education with support services, the sequence is as follows:

A. A referral is made to the principal and a review of the student's problem is initiated with the Director of Special Education;

B. The parents are informed of the decision to refer the student; information is provided regarding the student's problem and their written approval is obtained for the student's assessment and formulation of recommendations within 20 days. Parents will be informed if recommendations can not be formulated within 20 days. When parental approval is not given for extension, the district will request additional time from the Bureau for Handicapped Children;

C. The assessment of the student is performed by a multi-disciplinary team with parents kept informed of what activities are taking place in terms of evaluation. They are allowed opportunities to interact with professionals involved in their child's evaluation;

D. The parents are informed of the assessment results and consulted to enable them to have input in the decision making process at the coming staffing;

E. A staffing is organized by the Director of Special Education and one of three possible decisions is made:

1. The decision is made to continue to provide services for the student in a regular education setting with expanded support services;

2. The decision is made to provide service in a regular education setting with special education support;

3. The decision is made to provide service in a special education setting with regular education support implemented or temporarily delayed.

If any of the above three decisions is made, the following procedures are followed:

a. The MDT will submit a written report of findings and recommendations to the Director of Special Education;

b. A parent conference is held to inform the parents in writing of the staffing decision, why the decision was made, and to secure the parent's written approval for implementation of the program of service if special education services are required;

c. The student's program is implemented within 90 days from initial referral.

In providing an individually prescribed instructional program that develops appropriate emotional, social and academic behaviors, various content areas will be considered. They are:

1) Gross and fine motor skills;

2) Auditory, visual, and haptic perception;

3) Language;

4) Cognition;

5) Social-personal behaviors;

6) Reading, math, writing, and spelling skills;

7) Information skills.

d. The student's program is evaluated, and the program is judged successful or not successful; a non-successful program is revised or another type of placement or program is implemented.

*Approval for placement of the student in special education services is obtained from the Bureau for Handicapped Children as is appropriate.

V. Placement Decision

The decision to provide a specific service to the student is an outcome of the staffing. This decision is predicated upon information and data derived from the assessment, discussion of the assessment results, and formulation of a program consistent with the student's needs.

While the multidisciplinary team may recommend a specific service, the suggested service will be subject to approval by the school's superintendent, the Bureau for Handicapped Children, and the student's parents, who must give written approval (see Placement Approval Form and Student Plan of Service Form). Placement is the responsibility of the local board of education.

VI. Evaluation Procedure

The evaluation procedure is critical. It is a means of determining the outcome or product of each child's individually prescribed instructional program and of comparing the achieved outcome with the desired outcome. In the program, evaluation will be facilitated in the following manner:

A. Each student's progress will be continuously evaluated, and a written record will be maintained by the special education teacher;

B. The progress of all students will be determined at least once a year by the special teacher and involved administrators (See Student Evaluation Form);

C. An annual review of the program will be conducted by involved administrators and a written report compiled;

D. Parents will be requested to respond to a questionnaire regarding services to their child (See Parent Survey Form).

E. All MDT procedures, processes, and findings will be determined without regard to race, religion, color, sex or cultural background.

Form 89-2-(b)
(9-4-73)

MERRILL AREA PUBLIC SCHOOLS

Special Services Referral Form: Testing and Diagnosis

Urgency of Request:
_____immediately
_____soon
_____schedule permits

Area:
_____Corrective Speech
_____Guidance
_____Low Achievement
_____High Achievement
_____Exceptional Educational Needs

Requested by _____

Pupil _____ School _____ Date _____

Grade _____ Date of Birth _____ Teacher _____

Parent or Guardian _____ Address _____ Telephone _____

I. State why this child is being referred; that is, what is your question about him? (Use back if more space is needed) _____

II. Academic Background:
1. How long in Merrill School System? _____
2. Has he repeated any grades? _____ Which? _____
3. What do you regard as his weakest subjects? _____
4. Give most recent group mental maturity test IQ, date and title.
5. Give most recent individual intelligence test results, date, and kind.
6. Give results of Stanford, Metropolitan, or Iowa Achievement tests. Which rest? _____ Date? _____ Grade Placement of Highest & Lowest Subject
7. What is the highest grade reading level at which you think he reads with little or no help? _____
8. When did he receive specialist help from a remedial reading teacher or speech therapist? _____

III. Health and Physical Background:
1. When was his most recent audiometer test? _____ Results? _____
2. What are his speech characteristics? Check those describing them.
___stuttering ___volume too soft ___says little
___lisping ___unusual quality ___rapid speech
___substitutions of consonants ___loud ___nasal blockage
3. Does he wear glasses? _____ How long has he worn them? _____ When did an eye doctor last re-examine the child's eyes?
4. What evidence of eyestrain have you seen? _____
5. Did he miss more than 10 days of school in any single year? _____ When and why? _____
6. Which is his preferred hand for writing? _____ for throwing? _____
7. Do you think this child gets enough sleep? _____ breakfast? _____
8. List any physical handicaps or serious illnesses the child has had.

(Continued on next page)

Special Services Referral Form (Continued)

IV. Family-School Relations

1. Have the parents come for teacher conferences this year?_____ Last year?_____
2. Have the parents attended at least one P.T.A. meeting or school program this year?_____
3. What is the parents' attitude toward the referral problem?

_____

_____

V. Behavioral Characteristics: Check all that apply to this child.

_____ little respect for authority
_____ cries easily
_____ temper tantrums
_____ withdrawal: daydreams
_____ aggressive
_____ uses foul language
_____ hurts others: Physically?_____ Teasing?_____ Poking fun of?_____
_____ inattentive
_____ unable to follow directions
_____ not well accepted by classmates
_____ frequent headaches, stomach aches, vomiting, allergies
_____ extra toilet and drink privileges daily
_____ poor personal habits such as failure to wash, use a handkerchief, cover coughs or sneezes, keep fingers out of nose
_____ wants excessive attention: dependent
_____ slow to finish assignments
_____ poor muscular coordination: in doing what?_____
_____ short attention span
_____ hyperactive, can't sit still long
_____ distracts others: makes noises or talks at inappropriate times
_____ too shy to admit not understanding
_____ never takes blame or admits being in error
_____ abnormally still in movement: hypoactive
_____ dislikes calisthenics or physically active games
_____ sets unrealistic standards for himself
_____ attempts to copy others' work, rather than think for himself
_____ shows anxiety about report card grades
_____ draws obscene pictures

Describe the frequency and circumstances in which the above behaviors occur.

_____

_____

_____

VI. This report is filed pursuant to s.115.80(1)(b) as there is reasonable cause that the named child has exceptional education needs. (See Form 89-1-(a) for definitions). The parents were informed in person_____, by mail_____, or by telephone_____ on_____ that this report would be made

Signature of person filing report_____ Date_____

Signature of person receiving for board_____ Date_____

FORWARD ORIGINAL TO PRINCIPAL. PUT DUPLICATE IN STUDENT'S CUMULATIVE FOLDER.

Form 89-1-(a)
(9-4-73)

REFERRAL FOR ASSESSMENT
Non-School Agencies

This report on a child who may have exceptional education needs is filed pursuant to s.115.80(1)(a) with the school board in which the child resides.

Child_____ Date_____

Address_____ Birthdate_____

Parents_____ Telephone_____

Person Reporting_____ Telephone_____

Address_____

Relationship or Position: Parent_____; physician_____; nurse_____;

social worker_____; administrator of a social agency_____; other_____.

The definition of exceptional education needs under Chapter 89 of the laws of 1973 reads as follows:

115.76(3) "Child with exceptional educational needs" means any child who has a mental, physical, emotional or learning disability which, if the full potential of the child is to be attained, requires educational services to the child to supplement or replace regular education. Children with the following conditions, in addition to children with such other conditions as the state superintendent determines, may require educational services to supplement or replace regular education:

(a) Physical, crippling or orthopedic disability.
(b) Mental retardation or other developmental disabilities.
(c) Hearing impairment.
(d) Visual disability.
(e) Speech or language disability.
(f) Emotional disturbance.
(g) Learning disability.
(h) Pregnancy, including up to two months after the birth of the child or other termination of the pregnancy.
(i) Any combination of conditions named by the state superintendent or enumerated in pars. (a) to (h).

The reason for reporting was prompted by the following concern for the child:

_____

_____

_____

Signature of Reporter_____ Date_____

Accepted for board by_____ Date_____

☐ I have informed the parents that this report has been made.

Form 89-3-(a)
(9-4-73)

SCREENING SUMMARY

Pursuant to s.115.80(2) and as required by s.115.85(3)(b) screening has been completed for children on their first enrollment. The screening process involved an interview with the parent, review of developmental records, and a meeting with each child. Specific reports and records on each child are available to teachers and parents.

The following persons and job titles were involved:

Name	Job Title	Address	Date
	Principal		
	Nurse		
	Social Worker		
	Teacher		

Multidisciplinary team assessment requested as indicated:

Name and Address	No	Phy	MR	H	V	S/L	ED	LD	DOB	Comment

Copy sent to Central Office on_____

Form 89-4
(9-24-73)

APPROVAL FOR ASSESSMENT

Following a discussion with school personnel who are acquainted with my child, I authorize assessment of my child by a multi-disciplinary team. The assessment is to determine if any exceptional education needs exist and if special help is recommended in the best interests of the child.

I understand that if approval is given for assessment, the approval is only applicable for assessment, not placement. I further understand that after the assessment has been completed, I will be informed of the assessment results and consulted on recommendations prior to further decisions being made.

Name of Child_____ Date of Birth_____

School District_____ School_____

Approved by:

_____ _____

Signature of Parent or Guardian Date

- -

Received _____ Date Received_____

Title_____

Date(s) of assessment_____

Form 89-5
(9-4-73)

MULTIDISCIPLINARY TEAM ASSIGNMENTS

Pursuant to s.115.80(3) multidisciplinary team assignments are provided as listed below. Specific teams of two or more persons shall be selected from the list according to the referrals and specific assessment needs.

Teams shall function under the superintendent and respective building principal as delegated by the board. Assessments shall be performed after written parental approval is on file.

The team shall consult with the child's parent prior to recommending a child for a special education program. Recommendations to the school board for special education must include a brief statement of reasons and recommendations for an educational program (plan of service) fitted to the individual child's needs.

School District_____ Building_____

Superintendent_____ Principal_____

Any of the above and regular teachers may be members of any team.

Exceptional Education Needs	Team Member	Title
1. Physical Handicaps		Physician Teacher of P.H.
2. Mental Retardation		Teacher of M.R. Psychologist
3. Hearing Impairment		Teacher of H.I. Ear Physician
4. Visual Disability		Teacher of V.D. Eye Physician
5. Speech and Language		Physician, Nose & Throat Speech Therapist
6. Emotional Disturbance		Teacher of E.D. Psychiatrist
7. Learning Disability		Teacher of L.D. Psychologist
8. Pregnancy		Physician Nurse
9. Others		Social Worker

Approved by the Board on_____

Form 89-5
(9-4-73)

SAMPLE COPY

MULTIDISCIPLINARY TEAM ASSIGNMENTS

Pursuant to s.115.80(3) multidisciplinary team assignments are provided as listed below. Specific teams of two or more persons shall be selected from the list according to the referrals and specific assessment needs.

Teams shall function under the superintendent and respective building principal as delegated by the board. Assessments shall be performed after written parental approval is on file.

The team shall consult with the child's parent prior to recommending a child for a special education program. Recommendations to the school board for special education must include a brief statement of reasons and recommendations for an educational program (plan of service) fitted to the individual child's needs.

School District_____ Building_____

Superintendent_____ Principal_____

Any of the above and regular teachers may be members of any team.

Exceptional Education Needs	Team Member(s)	Title
1. Physical Handicaps	Jack Ader	Director, Phy.Ed. Physician Teacher of P.H.
2. Mental Retardation	Frank Roskos Lorraine Schmidt	Teacher of M.R. Psychologist
3. Hearing Impairment	 James A. Lewis	County Nurse Ear Physician Speech Clinician
4. Visual Disability		Eye Physician County Nurse
5. Speech and Language	 James A. Lewis Lorraine Schmidt	Physician, Nose & Throat Speech Clinician Psychologist
6. Emotional Disturbance	Roy Hull Tony Gillette	Guidance Counselor Teacher of E.D. Psychiatrist Health Care Center
7. Learning Disability	Mary Ann Brogan Lorraine Schmidt	Teacher of L.D. Psychologist
8. Pregnancy		Physician Nurse
9. Others	Bob Pfotenhauer Ellis Evans or Frank Borg	Social Worker Classroom Teacher Principal (or Ass't

Approved by the Board on_____

Form 89-5
(9-4-73)

SAMPLE COPY

MULTIDISCIPLINARY TEAM ASSIGNMENTS

Pursuant to s.115.80(3) multidisciplinary team assignments are provided as listed below. Specific teams of two or more persons shall be selected from the list according to the referrals and specific assessment needs.

Teams shall function under the superintendent and respective building principal as delegated by the board. Assessments shall be performed after written parental approval is on file.

The team shall consult with the child's parent prior to recommending a child for a special education program. Recommendations to the school board for special education must include a brief statement of reasons and recommendations for an educational program (plan of service) fitted to the individual child's needs.

School District_____ Building_____

Superintendent_____ Principal_____

Ary of the described staff and regular teachers may be members of any team plus necessary consultants.

Exceptional Education Needs	Team Member	Title
1. Physical Handicaps	Jerry Eilola	Physician Teacher of P.E.
2. Mental Retardation	Evelyn Pergande Lorraine Schmidt	Teacher of M.R. Psychologist
3. Hearing Impairment	James A. Lewis	Teacher of H.I. Ear Physician Speech Clinician
4. Visual Disability		Eye Physician County Nurse
5. Speech and Language	James A. Lewis Lorraine Schmidt	Physician, Nose & Throat Speech Clinician Psychologist
6. Emotional Disturbance	Tony Gillette	Teacher of E.D. Psychiatrist Health Care Center
7. Learning Disability	Mary Ann Brogan Lorraine Schmidt	Teacher of L.D. Psychologist
8. Pregnancy		Physician Nurse
9. Others	Bob Pfotenhauer Gene Bebel	Social Worker Classroom Teacher Principal Elementary Coordinator

Approved by the Board on_____

APPROVAL FOR EVALUATION AND THERAPY

Following a discussion with school personnel who are acquainted with my child, and realizing that my child has been referred, or will be referred to the speech clinician, I authorize an evaluation by a multidisciplinary team. (This team will consist of the speech clinician and others who are trained to deal with the child's problem, i.e. the classroom teacher.)

I further authorize the team to place my child in a speech therapy program if such is needed.

I understand that after the evaluation has been made, I will be contacted before a decision is made to enroll or not enroll my child in speech therapy.

If my child is enrolled in a speech therapy program, I will be notified of the child's progress at the end of the series of therapy sessions.

Name of Child _____

School _____

Approved by: _____ _____
Signature of Parent or Guardian Date

Form 89-6-(a)
(9-24-73)

19

APPROVAL FOR PLACEMENT
FOR EXCEPTIONAL EDUCATION NEEDS

Recommendations for placement, removal, or program change decision:_____

_____

_____

Reason(s) for decision:_____

_____

_____

A hearing before the school board or a person appointed by it may be had within four months of the mailing of this notice if the parents file such a request.

I understand the above recommendations and I authorize placement of my child in the described program. I further understand that I will be kept informed regularly, or on request, regarding my child's progress.

Name of Student_____ Date of Birth_____

School District_____ School_____

_____ _____
Signature of Parent or Guardian Date

- -

Received by_____ Date Received_____

Title_____

Form 89-6-(b)
(9-24-73)

MULTIDISCIPLINARY TEAM RECOMMENDATIONS

A multidisciplinary team has provided an assessment for_____ and make recommendations as indicated. Recommendation for special help for exceptional education needs: Yes_____ No_____

Reason(s) for recommendation:_____

_____

_____

Recommended educational program or plan of service: (Form 89-6-(b))

Any special comments:_____

_____

Team Member Names	Job Titles

Recommendations for placement, removal, or program change decision:_____

_____

_____

Reason(s) for decision:_____

_____

_____

Form 89-6-(c)
(9-24-73)
Attach to 89-6-(b)

STUDENT PLAN OF SERVICE

Educational Program

Student's Name _____
Last First Middle

Person Completing Form _____ Date _____

Student Plan of Service Begins _____ Ends _____

Situation: (How does the student behave or perform in school or class; how has he performed in the assessment?)

Program: (What is to be done to change the student's behavior or performance?)

Outcome: (What are the objectives of this student's plan of service?)

Form 89-7
(9-4-73)

NARRATIVE EVALUATION OF A STUDENT

Student's Name_____ Date_____

Signature of Person Completing the Form_____

Amount of Time in Your Class per Day_____ Subject_____

Situation: (How did the child behave or perform in school or class?)

Program: (What was done to change this behavior or performance?)

Outcome: (How does the child behave or perform now?)

PARENT SURVEY FORM

Student's Name _____ Date _____

Signature of Person Completing Form _____

Directions: Please check ( ) that answer which for you best answers the following questions:

	Yes	No
1. Has the special education service being provided your child been explained to you?		
2. Do you feel that you understand what your child's special education program is attempting to achieve?		
3. Did the school confer with you before the psychologist tested your child?		
4. Were the results of your child's test explained to you?		
5. Did you understand the test results as they were explained to you?		
6. Does the special teacher consult with you, other than by report card?		
7. Would you like to receive more information about your child's progress in school?		
8. Do you have information about your child that would benefit the special teacher in working with your child?		
9. Does there need to be an improvement in the special education service your child receives?		
10. Are you satisfied with the special education services your child receives?		
11. Did you want your child to receive the special education service he or she is now receiving?		
12. Do you believe that other education alternatives are better than special education services now being received?		
13. As a result of special education services, have you seen any positive change in your child?		
14. Do you belong to an organization whose membership is interested in providing for children having a handicap similar to your child's handicap?		

Please use the remaining space or attach additional papers if you wish to elaborate on your responses to questions or your concerns about issues or problems not covered in this survey form.

Thank you.

Please return to: